

## CAMPAIGN CONTRIBUTIONS

REPORT PERIOD Number 2

Tino Mendoza  
Candidate's Name (print)State Senate  
Office2  
District (if applicable)

## Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK ✓ IF LOAN	CHECK ✓ IF IN KIND
None				

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## CAMPAIGN CONTRIBUTIONS

REPORT PERIOD Number 2

Tino Mendoza

**Candidate's Name (print)**

State Senate

*Office*

2

District (if applicable)

### Contributions of \$100 or Less

[illegible]

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Tina Mendoza

Candidate's Name (print)

State Senate

Office

2

District (if applicable)

## Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	B	
Expenses related to travel	C	<del>55.00</del>
Expenses related to advertising	D	
Expenses related to paid staff	E	55.00
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	H	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

Tino Mendoza  
Candidate's Name (print)

State Senate  
Office

2  
District (if applicable)

## Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
None			

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## CAMPAIGN EXPENSES

REPORT PERIOD Number 2

Tino Mendoza  
Candidate's Name (print)State Senate  
Office2  
District (if applicable)

## Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
09-16-00	55.00	EA
Nothing follows		

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY

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